



FIRST PRESBYTERIAN CHURCH of Smyrna
Mother's Day Out
540 Sam Ridley Parkway W
Smyrna, TN 37167
615-220-0222

PARENTAL RELEASE AND MEDICAL INFORMATION FORM

Child's Name _____ Phone _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

AUTHORIZATION & RELEASE STATEMENT

I hereby release First Presbyterian Church, its staff, and chaperones from responsibility and liability for an injury or illness that my child may sustain during the events and activities in which my child participates. In the event that I am not able (as well as the alternate contact) to be reached, I hereby authorize an adult leader of the program, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.

Signature of parent/legal guardian _____ Date _____

EMERGENCY CONTACT INFORMATION

1. Name _____ Relationship _____

Phone Number: Cell _____ Day _____

Evening _____

2. Name _____ Relationship _____

Phone Number: Cell _____ Day _____

Evening _____

INSURANCE INFORMATION

Name of Insurance Company _____

Policy/Group Number _____

Name on the Policy _____ Relationship _____

Employer _____

PLEASE COMPLETE BACK SIDE

Child's Doctor _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

MEDICAL INFORMATION

Name and dosage of medications taken:

Allergies:

Symptoms:

Epipen Required: YES NO

Epipen Provided: YES NO

Does your child wear glasses: YES NO

Does your child have any distinctive birthmarks: If yes, please indicate where they are located.

Pre-existing or present conditions we should be aware of:

